
West of Scotland Primary Care Cancer Network Regional Newsletter

Covid19 Edition

This network newsletter is intended to summarise current primary care cancer issues at national and regional levels. Previous editions are available on the [WoSCAN](http://www.woscan.scot.nhs.uk) website.

“NHS is Open” Campaign

There has been a 72% fall in “Urgent – Suspicion of Cancer” (USoC) referrals. In response, a media campaign has been running to encourage patients to present with urgent medical issues. Specific cancer messaging can be found at: www.getcheckedearly.org/covid19

Further information and a stakeholder toolkit can be found [here](#).

Referral management

[Referral guidance](#) remains unchanged. This campaign should lead to an increase in USoC referrals. However, referrals may be managed differently with enhanced vetting by consultants using remote consulting and options such as direct to test, deferral or regrading of urgency.

Referrals may be returned if primary care management is appropriate or referrals do not meet USoC criteria. Please include all relevant referral information to prevent inappropriate “back to referrer” outcomes.

Cancer tracking will continue for patients with deferred treatment plans, ensuring patients are properly prioritised through the recovery phase. Therefore, referrals should not be parked or deferred in primary care.

Principles of realistic medicine should continue to be considered for all patients.

Cancer management plans

Investigation, management plans and follow-up of patients may be significantly different during the pandemic. Guidance for this is issued by the [National Cancer Treatment Response Group](#).

Communication has been sent to patients. A copy can be found [here](#).

Injectable hormonal cancer therapy

For patients who have been receiving hormonal therapy in the community prior to the Covid19 pandemic it is important that these injections continue wherever practical and safe. A guide for NHS GG&C has been developed with indicative treatment windows and is attached to this document.

If it is not possible to arrange injections within these treatment windows please alert the cancer care team urgently so alternative arrangements can be made.

Cancer screening programmes

Cancer screening remains suspended at present. Re-introduction of screening will restart with cervical screening patients who are on non-routine recall.

Further details and plans for other screening programmes will follow.

Cancer Research UK Facilitators

The CRUK facilitators are remotely supporting practices focusing on referral pathways and safety netting. Contact: westscotland.facilitators@cancer.org.uk

If you have any concerns about primary care cancer issues please contact us:

LHRH injections for breast and prostate cancer during covid-19 pandemic

During the current covid-19 pandemic there have been reports of patients being unable to receive their LHRH analogues within primary care when they would have otherwise done so. The recommendation to these practices is to continue to provide this key service where it is safe to do so and appropriate staff are available. This was discussed at the Covid-19 Primary Care Clinical Advisory Group which has representation from HSCP Clinical Leads and LMC. If practices are experiencing difficulties in continuing to provide this service they should make every effort to put in alternative arrangements such as buddy arrangements. If this is not possible, it is important to discuss with the secondary care team urgently by contacting their urology or breast cancer consultant or nurse specialist.

Advice has been provided from cancer teams at the Beatson West of Scotland Cancer Centre around any flexibility in the dose schedule for these injections. This advice is summarised in the table below. Please note that this additional flexibility is **only applicable during the current covid-19 pandemic** and every effort should be made to administer injections at the licensed frequency. It is important to communicate with the acute care teams urgently if these injection frequencies can not be met.

Indication	Medicine/ formulation	Licensed treatment schedule	Advice re flexibility of dosing schedule <u>during covid-19 pandemic only</u>
Breast cancer	Goserelin 3.6mg implant (Zoladex®)	3.6 mg injection every 28 days	Delay of a few days up to a maximum of one week would be considered safe
Prostate cancer	Leuprorelin 3.75mg injection (Prostap DCS) **	3.75 mg injection every month	Little flexibility in timing of dose but most patients should be receiving the 3 monthly preparation (see below)
Prostate cancer	Leuprorelin 11.25mg injection (Prostap 3 DCS) **	11.25 mg injection every 3 months	Altered schedule of up to 2 weeks either side unlikely to have an adverse impact. For patients who have been on LHRH analogue for more than 3 years, then a month either side would be considered safe during these circumstances.